

**School Health Unit
Massachusetts Department of Public Health**

Report of Epinephrine Administration

Please mail form to: MDPH, School Health Unit, 250 Washington St., 5th Floor, Boston, MA 02108-4619

School District: _____ Name of School: _____ Public ☐ Nonpublic ☐

Age: _____ Gender: M ☐ F ☐ Ethnicity: Spanish/Hispanic/Latino: Yes ☐ No ☐

Race: American Indian/Alaskan Native ☐ African American ☐ Asian ☐ Native Hawaiian/other Pacific Islander ☐ White ☐

Diagnosis/history of asthma: Yes ☐ No ☐ History of anaphylaxis: Yes ☐ No ☐ Previous epinephrine use: Yes ☐ No ☐

Date/Time of occurrence: _____ Known allergen(s): _____

Trigger that precipitated this allergic episode: _____

Symptoms: _____

Location of student when symptoms developed: _____

Location of student when epinephrine administered: _____

Location of epinephrine storage: _____

Epinephrine administered by: RN ☐ Other ☐ If other, please specify _____

If other than an RN, was this person formally trained? Yes ☐ No ☐ Date of training _____

If epinephrine was self-administered by a student at school or a school-sponsored function, did the student follow school protocols to notify school personnel and activate EMS? Yes ☐ No ☐ NA ☐

Approximate time between onset of symptoms and administration of epinephrine: _____

Individual Health Care Plan (IHCP) in place? Yes ☐ No ☐ School Physician notified? Yes ☐ No ☐

Written school district policy on management of life-threatening allergies in place? Yes ☐ No ☐

School district/school registered with MDPH for medication delegation?: Yes ☐ No ☐

If yes, please specify type: Full Registration ☐ Field Trip ☐ Epinephrine Training ☐

Disposition:

Transferred to ER: Yes ☐ No ☐ Discharged after _____ hours. Biphasic reaction: Yes ☐ No ☐ Unknown ☐

Hospitalized: Yes ☐ No ☐ Discharged after _____ days.

Outcome:

Recommendations for changes/improvements to current policy or procedures:

Debriefing meeting? Yes ☐ No ☐

Form completed by: _____ Date: _____
(please print)

Title: _____ Phone number: _____

Address: _____